

DEBTOR(S): Powell Valley Health Care, Inc.

**MONTHLY OPERATING REPORT**  
**CHAPTER 11**

CASE NUMBER: 16-20326

**Form 2-A**  
**COVER SHEET**

For Period End Date: 6/30/2017

Accounting Method: ☒ Accrual Basis ☐ Cash Basis

**THIS REPORT IS DUE 21 DAYS AFTER THE END OF THE MONTH**

Mark One Box for Each  
Required Document:

Debtor must attach each of the following documents unless the U. S. Trustee  
has waived the requirement in writing. File the original with the Clerk of Court.  
Submit a duplicate, with original signature, to the U. S. Trustee.

Report/Document Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Cash Receipts and Disbursements Statement (Form 2-B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Balance Sheet (Form 2-C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Profit and Loss Statement (Form 2-D)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Supporting Schedules (Form 2-E)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Quarterly Fee Summary (Form 2-F)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Narrative (Form 2-G)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Bank Statements for All Bank Accounts (Redact all but last 4 digits of account number and remove check images)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Bank Statement Reconciliations for all Bank Accounts
<input type="checkbox"/>	<input type="checkbox"/>	9. Evidence of insurance for all policies renewed or replaced during month

***I declare under penalty of perjury that the following Monthly Operating Report, and any attachments thereto are true, accurate and correct to the best of my knowledge and belief.***

Executed on: 7/19/17

Print Name: Michael Long

Signature: 

Title: Chief Financial Officer

**DEBTOR(S)** Powell Valley Health Care, Inc. **CASE NO:** 16-20326

**Form 2-B**  
**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

For Period: 06/01/2017 to 06/30/2017

**CASH FLOW SUMMARY**

	<u>Current Month</u>	<u>Accumulated</u>
<b>1. Beginning Cash Balance</b>	\$ <u>4,675,142</u> (1)	\$ <u>3,499,673</u> (1)
<b>2. Cash Receipts</b>		
Operations	3,620,529	53,241,676
Sale of Assets	0	0
Loans/advances	0	0
Other	0	2,170
<b>Total Cash Receipts</b>	\$ <u>3,620,529</u>	\$ <u>53,243,846</u>
<b>3. Cash Disbursements</b>		
Operations	3,317,423	51,418,695
Debt Service/Secured loan payment	0	0
Professional fees/U.S. Trustee fees	0	0
Professional fees paid from retainer (e.g. COLTAF accts)	0	0
Other	0	346,575
<b>Total Cash Disbursements</b>	\$ <u>3,317,423</u>	\$ <u>51,765,270</u>
<b>4. Net Cash Flow (Total Cash Receipts less     Total Cash Disbursements)</b>	<u>303,107</u>	<u>1,478,576</u>
<b>5 Ending Cash Balance (to Form 2-C)</b>	\$ <u>4,978,249</u> (2)	\$ <u>4,978,249</u> (2)

**CASH BALANCE SUMMARY**

	<u>Financial Institution</u>	<u>Book Balance</u>
Petty Cash	<u>Powell Valley Healthcare</u>	\$ 2,170
DIP Operating Account	<u>1st Bank Wyo 8425</u>	12,185
DIP State Tax Account	<u></u>	0
DIP Payroll Account	<u>1st Bank Wyo 4501</u>	10,605
Other Operating Account	<u>1st Bank Wyo See form 2G</u>	4,953,288
Retainers held by professionals (i.e. COLTAF)	<u></u>	0
<b>TOTAL (must agree with Ending Cash Balance above)</b>		\$ <u>4,978,249</u> (2)

- (1) Accumulated beginning cash balance is the cash available at the commencement of the case and retainers.  
Current month beginning cash balance should equal the previous month's ending balance.
- (2) All cash balances should be the same.

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO:

16-20326

## Form 2-B

## CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: 06/01/2017 to 06/30/2017

## CASH RECEIPTS DETAIL

Account No:

7301

(attach additional sheets as necessary)

Date	Payer	Description	Amount
06/01/2017	Medicare EFT	Patient/Resident account	30,490.99
06/01/2017	Other	Cash payments	4,820.61
06/01/2017	Other EFTs	Patient/Resident account	151,987.94
06/02/2017	Medicare EFT	Patient/Resident account	45,534.77
06/02/2017	Other	Cash payments	29,151.35
06/02/2017	Other EFTs	Patient/Resident account	45,192.41
06/05/2017	Medicare EFT	Patient/Resident account	23,410.61
06/05/2017	Other commercial	Patient/Resident account	2,206.50
06/05/2017	Other	Cash payments	19,383.64
06/05/2017	Other EFTs	Patient/Resident account	47,840.11
06/06/2017	Medicare EFT	Patient/Resident account	89,078.97
06/06/2017	Other commercial	Patient/Resident account	63,503.62
06/06/2017	Other	Cash payments	18,109.27
06/06/2017	Other EFTs	Patient/Resident account	120,124.16
06/07/2017	Medicare EFT	Patient/Resident account	34,217.37
06/07/2017	Other commercial	Patient/Resident account	584.07
06/07/2017	Other	Cash payments	23,976.81
06/07/2017	Other EFTs	Patient/Resident account	13,640.37
06/08/2017	Medicare EFT	Patient/Resident account	24,131.47
06/08/2017	Other commercial	Patient/Resident account	30,614.24
06/08/2017	Other	Cash payments	4,035.98
06/08/2017	Other EFTs	Patient/Resident account	187,962.38
06/09/2017	Medicare EFT	Patient/Resident account	30,539.54
06/09/2017	Other commercial	Patient/Resident account	17,170.15
06/09/2017	Other	Cash payments	36,146.57
06/09/2017	Other EFTs	Patient/Resident account	144,328.50
06/12/2017	Medicare EFT	Patient/Resident account	21,500.61
06/12/2017	Other commercial	Patient/Resident account	3,353.67
06/12/2017	Other	Cash payments	6,385.68
06/12/2017	Other EFTs	Patient/Resident account	381,555.08
06/13/2017	Medicare EFT	Patient/Resident account	21,651.21
06/13/2017	Other commercial	Patient/Resident account	11,628.16
06/13/2017	Other	Cash payments	51,584.24
06/13/2017	Other EFTs	Patient/Resident account	29,972.36
06/14/2017	Medicare EFT	Patient/Resident account	14,025.86
06/14/2017	Aetna/BCBS	Patient/Resident account	10,976.37
06/14/2017	CIGNA	Patient/Resident account	158.80
06/14/2017	Other commercial	Patient/Resident account	52,485.65
06/14/2017	Other	Cash payments	22,885.67
06/14/2017	Other EFTs	Patient/Resident account	20,855.34
06/15/2017	Medicare EFT	Patient/Resident account	851.54
06/15/2017	CIGNA	Patient/Resident account	192.19
06/15/2017	Other commercial	Patient/Resident account	701.60
06/15/2017	Other	Cash payments	32,833.62
06/15/2017	Other EFTs	Patient/Resident account	166,466.39
06/16/2017	Medicare EFT	Patient/Resident account	16,686.97
06/16/2017	Other commercial	Patient/Resident account	8,707.73
06/16/2017	Other	Cash payments	19,140.24
06/16/2017	Other EFTs	Patient/Resident account	57,092.86
06/19/2017	Medicare EFT	Patient/Resident account	15,647.57
06/19/2017	Aetna/BCBS	Patient/Resident account	36.53
06/19/2017	Other commercial	Patient/Resident account	6,604.03
06/19/2017	Other	Cash payments	13,031.32
06/19/2017	Other EFTs	Patient/Resident account	4,056.62
06/20/2017	Medicare EFT	Patient/Resident account	43,690.44



DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO:

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**Form 2-B**  
**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

For Period: 06/01/2017 to 06/30/2017

**CASH RECEIPTS DETAIL**

**Account No:**

**7301**

*(attach additional sheets as necessary)*

Date	Payer	Description	Amount
06/20/2017	Aetna/BCBS	Patient/Resident account	383.58
06/20/2017	CIGNA	Patient/Resident account	7,061.47
06/20/2017	Other commercial	Patient/Resident account	36,769.74
06/20/2017	Other	Cash payments	43,290.49
06/20/2017	Other EFTs	Patient/Resident account	25,407.98
06/21/2017	Medicare EFT	Patient/Resident account	60,254.97
06/21/2017	CIGNA	Patient/Resident account	1,110.12
06/21/2017	Other commercial	Patient/Resident account	802.37
06/21/2017	Other	Cash payments	2,206.27
06/21/2017	Other EFTs	Patient/Resident account	81,621.41
06/22/2017	Other	Cash payments	4,782.69
06/22/2017	Other EFTs	Patient/Resident account	257,869.57
06/23/2017	Medicare EFT	Patient/Resident account	28,746.64
06/23/2017	Other commercial	Patient/Resident account	17,715.76
06/23/2017	Other	Cash payments	7,524.70
06/23/2017	Other EFTs	Patient/Resident account	34,814.33
06/26/2017	Medicare EFT	Patient/Resident account	35,547.51
06/26/2017	CIGNA	Patient/Resident account	654.93
06/26/2017	Other commercial	Patient/Resident account	7,819.83
06/26/2017	Other	Cash payments	14,105.88
06/26/2017	Other EFTs	Patient/Resident account	112,616.29
06/27/2017	Medicare EFT	Patient/Resident account	53,134.57
06/27/2017	CIGNA	Patient/Resident account	5,977.86
06/27/2017	Other commercial	Patient/Resident account	64,144.17
06/27/2017	Other	Cash payments	10,409.54
06/27/2017	Other EFTs	Patient/Resident account	30,114.95
06/28/2017	Medicare EFT	Patient/Resident account	3,975.04
06/28/2017	Other commercial	Patient/Resident account	2,759.65
06/28/2017	Other	Cash payments	10,582.34
06/28/2017	Other EFTs	Patient/Resident account	15,981.54
06/29/2017	Medicare EFT	Patient/Resident account	34,983.13
06/29/2017	Other	Cash payments	32,558.70
06/29/2017	Other EFTs	Patient/Resident account	228,730.19
06/30/2017	Medicare EFT	Patient/Resident account	24,629.04
06/30/2017	CIGNA	Patient/Resident account	394.74
06/30/2017	Other commercial	Patient/Resident account	17,325.69
06/30/2017	Other	Cash payments	12,860.09
06/30/2017	Other EFTs	Patient/Resident account	17,920.24
<b>Total Cash Receipts</b>			<b>\$ 3,620,528.76 (1)</b>

(1) Total for all accounts should agree with total cash receipts listed on Form 2-B, page 1

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DEBTOR(S): Powell Valley Health Care, Inc.

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**Form 2-B**  
**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**  
 For Period: 06/01/2017 to 06/30/2017

**CASH DISBURSEMENTS DETAIL**  
*(attach additional sheets as necessary)*

Account No:

# 8425

Date	Check No.	Payee	Description (Purpose)	Amount
06/01/17	EFT	Electronic Funds Transfer	Montana state tax	944.00
06/06/17	EFT	Electronic Funds Transfer	Trsf to EBMS act 6301	40,098.78
06/08/17	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- auto deposit	579,271.88
06/08/17	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	18,285.68
06/09/17	EFT	Electronic Funds Transfer	Trsf to pension act 7901	60,370.25
06/12/17	EFT	Electronic Funds Transfer	Trsf to EBMS act 6301	56,128.53
06/13/17	EFT	Electronic Funds Transfer	FICA payroll taxes	108,527.91
06/13/17	EFT	Electronic Funds Transfer	Federal withholding payroll taxes	113,752.28
06/13/17	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	733.72
06/14/17	EFT	Electronic Funds Transfer	Montana state tax	951.00
06/15/17	EFT	Electronic Funds Transfer	Trsf to EBMS act 6301	17,715.14
06/19/17	EFT	Electronic Funds Transfer	Trsf to EBMS act 6301	108,824.89
06/22/17	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- auto deposit	567,495.17
06/22/17	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	15,428.58
06/23/17	EFT	Electronic Funds Transfer	Trsf to pension act 7901	59,531.96
06/26/17	EFT	Electronic Funds Transfer	FICA payroll taxes	104,149.92
06/26/17	EFT	Electronic Funds Transfer	Federal withholding payroll taxes	110,669.62
06/27/17	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	257.93
06/28/17	EFT	Electronic Funds Transfer	Montana state tax	992.00
06/28/17	EFT	Electronic Funds Transfer	Trsf to EBMS act 6301	186,518.59

6467-6945	Accounts Payable checks	See attached check register	1,160,755.14
	Accounts Payable Wire	See attached	6,020.00
	<b>Total Cash Disbursements</b>		<b>\$ 3,317,422.97 (1)</b>

(1) Total for all accounts should agree with total cash disbursements listed on Form 2-B, page 1

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# **COMPARATIVE BALANCE SHEET**

For Period Ended: 06/30/2017

## **ASSETS**

### **Current Assets:**

	Current Month	Petition Date (1)
Cash (from Form 2-B, line 5)	\$ 4,978,249	\$ 4,255,881
Accounts Receivable (from Form 2-E)	7,689,612	8,383,526
Receivable from Officers, Employees, Affiliates	0	0
Inventory	768,402	757,444
Other Current Assets :(List)	815,552	865,872
<u>Pre-paid Expense</u>		
<u>Receivable from legal settlements</u>	11,450,000	11,450,000
<b>Total Current Assets</b>	<b>\$ 25,701,815</b>	<b>\$ 25,712,723</b>

### **Fixed Assets:**

Land	\$ 0	\$ 0
Building	694,434	694,434
Equipment, Furniture and Fixtures	10,091,307	9,997,873
<b>Total Fixed Assets</b>	<b>10,785,741</b>	<b>10,692,307</b>
Less: Accumulated Depreciation	( 9,042,311 )	( 8,254,973 )
<b>Net Fixed Assets</b>	<b>\$ 1,743,430</b>	<b>\$ 2,437,334</b>

### **Other Assets (List):**

	0	0
	0	0

## **TOTAL ASSETS**

\$ 27,445,245 \$ 28,150,057

## **LIABILITIES**

Post-petition Accounts Payable (from Form 2-E)	\$ 1,443,610	\$ 1,167,152
Post-petition Accrued Profesional Fees (from Form 2-E)	246,036	250,000
Post-petition Taxes Payable (from Form 2-E)	150,755	172,650
Post-petition Notes Payable	135,617	128,056
Other Post-petition Payable(List): see schedul 2G liab	2,907,345	3,405,269
<u>Legal claim reserve</u>	11,750,000	11,750,000
<b>Total Post Petition Liabilities</b>	<b>\$ 16,633,363</b>	<b>\$ 16,873,127</b>

### **Pre Petition Liabilities:**

Secured Debt	1,002,478	1,153,923
Priority Debt	0	0
Unsecured Debt	911,105	1,415,297
<b>Total Pre Petition Liabilities</b>	<b>\$ 1,913,583</b>	<b>\$ 2,569,220</b>

## **TOTAL LIABILITIES**

\$ 18,546,946 \$ 19,442,348

## **OWNERS' EQUITY**

Owner's/Stockholder's Equity	\$ 0	\$ 0
Retained Earnings - Prepetition	8,691,606	8,691,606
Retained Earnings - Post-petition	206,693	16,103

## **TOTAL OWNERS' EQUITY**

\$ 8,898,299 \$ 8,707,709

## **TOTAL LIABILITIES AND OWNERS' EQUITY**

\$ 27,445,245 \$ 28,150,057

(1) Petition date values are taken from the Debtor's balance sheet as of the petition date or are the values listed on the Debtor's schedules.



DEBTOR(S): Powell Valley Health Care, Inc.

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**Form 2-D**  
**PROFIT AND LOSS STATEMENT**  
For Period 06/01/2017 to 06/30/2017

	Current Month	Accumulated Total (1)
Gross Operating Revenue	\$ 6,612,902	\$ 84,551,441
Less: Discounts, Returns and Allowances	( 2,910,469 )	( 33,735,674 )
<b>Net Operating Revenue</b>	<b>\$ 3,702,433</b>	<b>\$ 50,815,767</b>
Cost of Goods Sold	<u>3,223,544</u>	<u>43,948,968</u>
<b>Gross Profit</b>	<b>\$ 478,889</b>	<b>\$ 6,866,799</b>
Operating Expenses		
Officer Compensation	\$ 1,700	\$ 179,192
Selling, General and Administrative	0	0
Rents and Leases	81,985	1,144,183
Depreciation, Depletion and Amortization	65,277	831,338
Other (list): <u>Repairs</u>	59,344	767,158
<u>Insurance</u>	<u>14,421</u>	<u>738,412</u>
Total Operating Expenses	<b>\$ 222,727</b>	<b>\$ 3,660,283</b>
<b>Operating Income (Loss)</b>	<b>\$ 256,162</b>	<b>\$ 3,206,516</b>
Non-Operating Income and Expenses		
Other Non-Operating Expenses	\$ 0	\$ 0
Gains (Losses) on Sale of Assets	0	0
Interest Income	0	0
Interest Expense	-1,115	-55,912
Other Non-Operating Income	<u>0</u>	<u>0</u>
Net Non-Operating Income or (Expenses)	<b>\$ -1,115</b>	<b>\$ -55,912</b>
Reorganization Expenses		
Legal and Professional Fees	\$ 481,823	\$ 2,943,911
Other Reorganization Expense	<u>0</u>	<u>0</u>
Total Reorganization Expenses	<b>\$ 481,823</b>	<b>\$ 2,943,911</b>
<b>Net Income (Loss) Before Income Taxes</b>	<b>\$ -226,776</b>	<b>\$ 206,693</b>
Federal and State Income Tax Expense (Benefit)	<u>0</u>	<u>0</u>
<b>NET INCOME (LOSS)</b>	<b>\$ -226,776</b>	<b>\$ 206,693</b>

(1) Accumulated Totals include all revenue and expenses since the petition date.

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DEBTOR(S):

Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-E (Page 1 of 2)  
SUPPORTING SCHEDULES

For Period: 06/01/2017 to 06/30/2017

Summary of Post-Petition Taxes				
Type of tax	1	2	3	4
	Unpaid post-petition taxes from prior reporting month(1)	Post-petition taxes accrued this month (new obligations)	Post-petition tax payments made this reporting month	Unpaid post-petition taxes at end of reporting month (columns 1+2-3)
<b>Federal</b>				
Employee income tax withheld		224,422	224,422	
Employee FICA taxes withheld		106,339	106,339	
Employer FICA taxes		106,339	106,339	
Unemployment taxes				
Other:				
<b>State</b>				
Sales, use & excise taxes	303	(79)		224
Unemployment taxes				
Other: Worker Compensation	104,726	45,805		150,531
<b>Local</b>				
Personal property taxes				
Real property taxes				
Other:				
<b>Total unpaid post-petition taxes</b>				<b>150,755</b>

(1) For first report, the beginning balance in column 1 will be \$0; thereafter, beginning balance will be ending balance from prior report.

Insurance Coverage Summary				
Type of insurance	Insurance carrier	Coverage amount	Policy expiration date	Premium paid through date
Workers' compensation	State of Wyoming	Not Applicable	Not Applicable	Not Applicable
General liability	National Fire & Risk/AB Risk, USI Insurance Service	\$1M/\$5M \$5M Umbrella	08/01/2017	07/31/2017
Property (fire, theft, etc.)	Affiliated FM Insurance Company, USI Insurance Service	Bldg \$100m Flood \$75m	08/01/2017	07/31/2017
Vehicle	National Indemnity Company/RPS, Ohio Security Insurance, USI Insurance Service	\$1M auto & \$1m Ambul	08/01/2017	07/31/2017
Other (list): Director & Officer Liability	Darwin National Assurance Co., USI Insurance Service	\$2m	09/07/2017	09/07/2017
Other (list): Internet/Cyber Liability	NAS/Lloyd's of London, USI Insurance Service	\$1m/claim \$1m/agg	09/01/2017	09/01/2017
Other (list): Crime	Travelers Casualty and Surety, USI Insurance Service	\$500,000	08/01/2017	07/31/2017

If any policies were renewed or replaced during reporting period, attach new certificate of insurance.



DEBTOR(S): Powell Valley Health Care, Inc.

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Form 2-E (Page 2 of 2)  
SUPPORTING SCHEDULES

For Period: 06/01/2017 00:00 to 06/30/2017 00:00

Accounts Receivable Aging Summary (attach detailed aging report)					
	30 days or less	31 to 60 days	61 to 90 days	Over 90 days	Total at month end
Pre-petition receivables				89,211	89,211
Post-petition receivables	3,529,286	1,512,318	891,100	1,667,697	7,600,401
Total	3,529,286	1,512,318	891,100	1,756,909	7,689,612

Post-Petition Accounts Payable Aging Summary (attach detailed aging report)					
	30 days or less	31 to 60 days	61 to 90 days	Over 90 days	Total at month end
Trade Payables	504,082	115,779	36,055	740,639	1,396,557
Other Payables	10,803	3,300	3,300	29,650	47,053
Total	514,885	119,079	39,355	770,289	1,443,610

SCHEDULE OF PAYMENTS TO ATTORNEYS AND OTHER PROFESSIONALS					
	Month-end Retainer Balance	Current Month's Accrual	Paid in Current Month	Court Approval Date	Month-end Balance Due *
Debtor's Counsel	\$148,237	35,000	62,096	06/07	\$121,141
Counsel for Unsecured Creditors' Committee	74,404	79,563	29,072	06/07	\$124,895
Trustee's Counsel					
Accountant					
Other: CKKK & Polsinelli		4,075	4,075	06/29	
Total	222,641	118,638	95,243		246,036

\*Balance due to include fees and expenses incurred but not yet paid.

SCHEDULE OF PAYMENTS AND TRANSFERS TO PRINCIPALS/EXECUTIVES**			
Payee Name	Position	Nature of Payment	Amount
Michael Long	Chief Financial Officer	Salary/Wages	1,700

\*\*List payments and transfers of any kind and in any form made to or for the benefit of any proprietor, owner, partner, shareholder, officer, or director.

**Form 2-F**  
**QUARTERLY FEE SUMMARY \***  
**For the Month Ended:** 06/30/2017

<u>Month</u>	<u>Year</u>	<u>Cash Disbursements **</u>	<u>Quarterly Fee Due</u>	<u>Check No.</u>	<u>Date Paid</u>
January	<u>20 17</u>	\$ 3,828,457			
February	<u>20 17</u>	3,489,036			
March	<u>20 17</u>	4,204,015			
<b>TOTAL 1st Quarter</b>	<b>\$</b>	<b><u>11,521,508</u></b>	<b><u>13000</u></b>	<b><u>5902</u></b>	<b><u>04/12/17</u></b>
April	<u>20 17</u>	\$ 3,722,454			
May	<u>20 17</u>	3,981,145			
June	<u>20 17</u>	3,317,423			
<b>TOTAL 2nd Quarter</b>	<b>\$</b>	<b><u>11,021,023</u></b>	<b><u>12,763</u></b>	<b><u>7207</u></b>	<b><u>07/14/17</u></b>
July	<u>20 17</u>	\$			
August	<u>20 17</u>				
September	<u>20 17</u>				
<b>TOTAL 3rd Quarter</b>	<b>\$</b>	<b><u>0</u></b>			
October	<u>20 16</u>	\$ 4,223,353			
November	<u>20 16</u>	3,742,311			
December	<u>20 16</u>	4,046,540			
<b>TOTAL 4th Quarter</b>	<b>\$</b>	<b><u>12,012,204</u></b>	<b><u>13,000</u></b>	<b><u>4,766</u></b>	<b><u>01/18/17</u></b>

**FEE SCHEDULE (as of JANUARY 1, 2008)**

*Subject to changes that may occur to 28 U.S.C. §1930(a)(6)*

<u>Quarterly Disbursements</u>	<u>Fee</u>	<u>Quarterly Disbursements</u>	<u>Fee</u>
\$0 to \$14,999.....	\$325	\$1,000,000 to \$1,999,999.....	\$6,500
\$15,000 to \$74,999.....	\$650	\$2,000,000 to \$2,999,999.....	\$9,750
\$75,000 to \$149,999.....	\$975	\$3,000,000 to \$4,999,999.....	\$10,400
\$150,000 to \$224,999.....	\$1,625	\$5,000,000 to \$14,999,999 .....	\$13,000
\$225,000 to \$299,999.....	\$1,950	\$15,000,000 to \$29,999,999....	\$20,000
\$300,000 to \$999,999.....	\$4,875	\$30,000,000 or more	\$30,000

\* This summary is to reflect the current calendar year's information cumulative to the end of the reporting period

\*\* Should agree with line 3, Form 2-B. Disbursements are net of transfers to other debtor in possession bank accounts

*Failure to pay the quarterly fee is cause for conversion or dismissal of the chapter 11 case. [11 U.S.C. Sec. 1112(b)(10)]*

*In addition, unpaid fees are considered a debt owed to the United States and will be assessed interest under 31 U.S.C. §3717*

Rev. 1/15/14

**DEBTOR(S)** Powell Valley Health Care, Inc.

**CASE NO:** 16-20326

**Form 2-G  
NARRATIVE**

**For Period Ending:** 06/30/2017

Please provide a brief description of any significant business and legal actions taken by the debtor, its creditors, or the court during the reporting period, any unusual or non-recurring accounting transactions that are reported in the financial statements, and any significant changes in the financial condition of the debtor which have occurred subsequent to the report date.

**FORM 2B-1 Line 50**, Cash Accounts are made up of General Checking #7301, EBMS Checking #6301, Flex Spending #3101, Care Center Resident Trust #2088, Employee Benefit #5601, and Pension #7901. Form 2B-3 Cash Disbursements other is for vendor deposits made during the period. **Form 2C-Liabilities**, line 38 Other Payables, this line is made up of accrued Provider Incentives \$360,551 Accrued Payroll \$1,017,279, 3rd Party Receivable/Payable (Medicare Cost Report Settlement) \$(137,117), Assisted Living Room Retainer \$36,000, NH Resident Trust \$6,365, and Accrued Benefits \$1,684,451 **Form 2D** Officer compensation equals the amount listed on Form 2E. Rent, Depreciation, Interest, Repairs, and Insurance are from facility income statement, all other expenses is combined into cost of goods sold. **Form 2-E pg 2** "Other" fees are for Copenhaver, Kath, Kitchen, & Kolpitcke for non-chapter 11 hospital legal counsel of \$ 2,500 and Polsinelli of 1,575.00. Principals/Executives - M Long includes salary **Form 2F** current quarter payment due was \$13,000, Invoice from the Office of U.S. Trustee indicated an undistributed credit of 237.00 - paid 12,763 on 7-17-17 on check # 7207.

Rev. 1/15/14